		state very
		should at NOI
	RECORD	PHYSICIANS of OCCUPAT
MANGEN ALGERACED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. B. No. 1.		CAUS
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PLACE OF DEATH 15690	STATE OF MARYLAND CERTIFICATE OF DEATH
County Howard	Registration Dist. No. 193
Village or City Liston (No	St; Ward) [If death occorred la a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final, Color or RACE & Single, MARRIED, WIDOWED, WIDOWED, Wirte the word)	16 DATE OF DEATH Sept. 94, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from
6 DATE OF BIRTH 4 10. 1910 (Month) (Day) (Year)	Sept. 1. 1915, to Sept 24 , 1915 that I last saw her alive on Sept. 24 , 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 P m. The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work	
which employed (or employer) BIRTHPLACE (State or country) Mayland	(Doration) yrs mos 20 ds. Contributory (Secondary) (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) M 2 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) A CALLY M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos, ds.
Informant) Man W. P. Anderson	Where was disease contracted, If oot at place of death? Former or usual residence
Filed Sept. 25, 1915 J. W. Lowey REGISTRAR	18 PLACE OF BURIAL OR REMOVAL MATE OF BURIAL DATE OF BURIAL SAM: 2 69, 181.5. 20 UNDERTAKER CARVOLL GO. MAY ADDRESS B. M. B.
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At, Home, and children, not cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. it should be used only when needed. the nature of the business of industry, and therefore an additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necessarily Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease it causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia oma, Sarcoma, etc., of ________ (name origin; "Can-ver" is less definite; avoid use of "Tumor" for mails: -Heart fallure," "Haemorrhage," "Inanition," "Maras The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for Examples:



S. No. 1.

	should state
RECORD	PHYSICIANS of OCCUPA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE	N. B.—Every Item of Info GAUSE OF DEATH Important. See Ins

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH



Registration Dist. No. 193

St; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

	FULL NAME Benjamin Fran	klin Barnes of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male White the word	16 DATE OF DEATH Sept. 13., 1915 (Month) (Day) (Year)
8 D	ATE OF BIRTH 844. /9 , 1845 (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from July 20. 1915, to Sept. 13. 1915, that I last saw h Amalive on Sept. 13. 1915.
A	The second of th	and that death occurred on the date stated above, at 1.45 P. m. The CAUSE OF DEATH* was as follows:
(b) bus whi	Tricular kind of work	(Duration) / yrs. — mos. ds. Contributory Chemic against f functions. (Secondary) (Duration) yrs. G. mos. ds. (Signed) 9 W. Lacy M. D.
ARENTS	OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
147	of Mother Elizabeth Brennisers 13 BIRTHPLACE OF MOTHER (State or country) Dont Many. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Llara Barnes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
1 6 Fi	(Address) Liston, md 1ed Sept. 13, 1915 J. W. Lacy REGISTRAR	McKendre Bernsten, Controll Sept. 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American. Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewifc, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia." "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (nierely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-Examples: For vio-



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WITH

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WRITE

No. 80

15692 OCCUPATION IS County PHYSICIANS ō PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, widowed, or divorced (Write the word) 6 DATE OF BIRTH properly classifled. (Month) (Day) (Year) 7 AGE If LESS the should 1 dayhr BOCCUPATION AGE (a) Trade, profession, or particular kind of work. (b) General nature of Industry, supplied. may be business, or establishment in which employed (or employer) certificate. ⁹ BIRTHPLACE (State or country) carefully that It 10 NAME OF FATHER 80 0 be PARENTS 11 BIRTHPLACE on back terms, OF FATHER (State or country) pinous 12 MAIDEN NAME OF MOTHER Item of Information s. E OF DEATH in plain lant. See instructions of 13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOVE IS Every Item CAUSE OF Important. (Address) 15 m REGISTRAR ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred la

Chlieott (ei

Cara Bushamalan	a hospital or Institution give its NAME Instea of street and number.]		
MEDICAL CERTIFICATE OF	MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH	22 101		
(Month)	(Day) (Year)		
17 I HEREBY CERTIFY, That I at	tended deceased fron		
(May 1 1913 to Selt	2 2 1910		
that I last saw har alive on San fit	2 2		
	045		
and that death occurred on the date stated ab	ove, atm		
The CAUSE OF DEATH* was as follows:			
7			
Var Contrary Or	vereuln		
(Duration) 2	yrs. — mos. — ds		
hele			
(Secondary)	- Company		
(Duration)	yrsds		
Signed) Signed	. W. D.		
1. 1. (Address) (Address)			
State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	deaths from Violent 2) whether Acciden-		
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS		
At place in the			
of death yrs mos ds. State	yrs ds.		
Where was disease contracted, If not at place of death?			
Former or	*** 6 w 6 8 6 w 6 74 6 6 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6		
usual residence	**************************************		
PLACE OF BURIAL OR REMOVAL D	ATE OF BURIAL		
St Alphonsius lemety &	4x34 ,1915		
	DDRESS !		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctchildbirth or miscarriage, as "Puerperal septichaemere symptoms or terminal conditions, such as "As scpsis, tetanus) may be stated under the head such, if impossible to determine definitely. LENT DEATHS STATE MICHAEL OF INJURY and quality as accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver round of head-homicide; Potsoned "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritts nant neopiasms); Measles; Whooping cough; Chronical zer" is icss definite; avoid use of "Tumor" for malig oma. Surcoma, etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



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144	PLACE OF DEATH	STATE OF MARYLAND
Com	In the world	CERTIFICATE OF DEATH
	ge or City Sley Elg (No. ,)	Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A dolor or race 5 single, Married, Wildowed or Divorce by (Write the word)	16 DATE OF DEATH September 1915 (Month) (Day) (Year)
		17 I HEREBY CERTIFY, That I attended deceased from
	TE OF BIRTH DON'T Know,	that I last saw h en alive on Sept 3 4 191
7 AG	(Month) (Day) (Year) E !! LESS than	and that death occurred on the date stated above, at & A. m.
-12	75 yrs. mos. ds. OR mln.?	The CAUSE OF DEATH # was as follows:
w/ (8	CCUPATION 1) Trade, protession, or ficular kind of work for the service of the s	oy justos tustos
	General nature of Industry	slevel
bu	siness, or establishment in ich employed (or employer)	(Duration) yrs. mos Z 2 ds.
	IRTHPLACE (State or country) Mary Caud	Contributory Julietural hemontages
	10 NAME OF GLORGE Pandall	(Signed) / Clean de Justin M. O.
STN	of FATHER (State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PARENT	of Mother Change Carker	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Many Panil	OR RECENT RESIDENTS) At place in the of deathyrs,mosds, State,yrsmosds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not all place of death?
	(Informant) // elleann & Lynny	usual residence
	(Address) Elemnood, Ged	Portura Ceny orgs M L All 1
15 Fil	septo 1935 & Co manolo	20 UNDERTAKER ADDRESS
	REGISTRAR	Caston Long. Ellet City.
	, If more bianks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, chopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-birth or misearriage as "PUERPERAL septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness, lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of etc., when a definite disease can be ascertained as the "Anaemia" rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of -homicide; Poisoned by corbolic acid-probably (merely symptomatic), "Atrophy," "Colona," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere



Exact EXACTLY. RECORD be properly classified, stated PERMANENT pe pino may O that supplied 80 terms, carefully 2 pino I of Di EW

1 PLACE OF DEATH PHYSICIANS t statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City if death occurred in Ward) a hospital or institution. give its NAME instead of sireet and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR BACE 5 SINGLE. 16 DATE OF DEATH MARRIED, Marries OR DIVORCED (Month) rite the word I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Year) of 7 AGE If LESS than and that death occurred on the date stated above. 1 day. hrs. back The CAUSE OF DEATH * was as follows: min. ? uo 8 OCCUPATION (a) Irade, profession, or ons particular kind of work (b) General nature of Industry instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory See in Secondary 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE inform AUSE At place OF MOTHER (State or country Every item of in should state CA OCCUPATION Where was disease contracted. 14 THE ABOVE IS TRUE if not al place of death? Former or usuat residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS m REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Coak, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Gracery; (a) Farcman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--C'aal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, Civil But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpenal septiehaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. symptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neophsms); Measles; Whooping The contributory (secondary or intercur-State cause for which Never report mere (Recommendations wound of



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RESERVED

I DU AGE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Hoursed 15695	CERTIFICATE OF DEATH
Village or Cityheas Ellieott (No. ,) 2 FULL NAME Lebecca & les	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5 SINGLE, MARRIED, WIDDWED OR DIVORCEO (Write the word)	16 DATE OF OEATH Selection (Day) (Year) 17 / HEREBY CERTIFY. That Lattended deceased from
6 DATE OF BIRTH San 30, 1915 (Month) (Day) (Year)	that I last saw here alive on supt 24 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at ## m. The CAUSE OF DEATH * was as follows:
CCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Stower hemorrhage from Stower and hungs of (Ourstion), yrs. mos 7 ds.
9 BIRTHPLACE (State or country) Marylange	Secondary Ams Phillia Secondary (auralian) Pyros mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (12 MAIDEN NAME (13 MAIDEN NAME (14 MAIDEN NAME (15 MAIDEN NAME (16 MAIDEN NAME (17	(Signed)
of Mother da Ridgley 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) William leross	Former or usual residence 19 PLACE OF BURIAL OR SEMOVAL DAZE OF BURIAL
Filed G - 75, 1915 Mallestons Registrar	20 UNDERTAKER DAS SULLEY CUSTOM SULLEY CUSTOM SULLEY CONTROL SULLEY CUSTOM SULLEY CONTROL SULLEY CUSTOM SULLEY CUS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Croscry; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths heod-homicide; Poisoned by Struck by roilway train-accident; Revolver wound state means of injury and qualify as accidental, "PUERPERAL peritonitis," etc. birth or miscorringe as "Puenperal septichaemio," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report merc cough; Chronic valualar heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" "Coma," (merely symptomatic), The contributory (secondary or intercur-"Convulsions," earbolic acid—probably State cause for which "Debility" ("Con-



N.B.

county Howard 15696	STATE OF MAR CERTIFICATE OF
	Registration Dis
fillage or City (No. (No.	St; Ward)
2 FULL NAME Howard Rendina	and Dinvall
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O
male White Single, Markeled, Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH Sept (Month)
DATE OF BIRTH DCSCMber 17, 1869 (Month) (Day) (Year)	that I ast saw have alive on Jef
AGE the LESS than 1 day, hrs.	and that death occurred on the date sta
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Chronic Interstitiation
BIRTHPLACE (State or country) Waryland	Contributory Secondary
10 NAME OF FATHER Frank Devall	(Signed) A A Tarring
II BIRTHPLACE OF FATHER (State or country) I 2 MAIDEN NAME 12 MAIDEN NAME TO THE MA	*State the PISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; and (5) SUICIPAL OF HOMICIPAL.
of MOTHER Mary 2. underson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I
13 BIRTHPLACE OF MOTHER (State or country) Meryland	OR RECENT RESIDENTS) At place in the ef death yrs, mes. ds. State, Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. L. III Descal	if not at place of death? Former or usual residence
(Address) Jessey Ind.	Jessup - md.
File Sept 16, 1915 - Hange Clarke	Les E. French
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

fif death occurred in

nd Dinvall	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFIC	FE OF DEATH
16 DATE OF DEATH	(h) (Day) (Year)
that I ast saw have alive on	t lattended deceased from
and that death occurred on the d The GAUSE OF DEATH * was as Thronic antendia	follows:
Contributory (0s	rslion) yrs. 6 mos ds.
Secondary (9a (Signed)	relida)yrsmosds.
*State the DISEASE CAUSING DAY CAUSES, State (1) MEANS OF INJURY SUICIDAL OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOSE OR RECENT RESIDENTS) At place af death yrs. mes. ds. Where was disease contracted, if not at place of death? Former or usual residence	itals, institutions, Transients, in the State,yrsmosds.
Jessuf - M.	Sept 18, 1915
Les E. French	Laurel mad



[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. engaged in domestic service for wages, as Servant, Cook, wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-"Foreman," "Manager," "Deuler," etc., business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed If retired from without more (b) Auto-

Statement of Cause of Death Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrius, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "l'uenperal septichaemia," The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report merc



Cour	PLACE OF DEATH 15697	STATE OF MARYLAND CERTIFICATE OF DEATH
0001	SID S. N. COT.	Registration Dist. No.
Vilia	ge or Chiffel Corrections. 2 FULL NAME I RENE. May &	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male Color of RACE 5 SINGLE, MARRIED, WIOOWED OR OVORCEO OR OVORCEO OR OVORCEO (Write the word)	(Nonth) (Day) (Year) 17 HEREBY CERTIFY, That Lattended deceased from
6 DA	TE OF BIRTH May (Mosth) (Day) 1900 (Year)	that I last saw her alive on Supl 1000, 1915
TAG	1 day, hrs.	and that death occurred on the date stated above, at & An. The CAUSE OF DEATH * was as follows:
pa (b	CCUPATION) Trade, profession, or School girl flicular kind of work) General nature of industry siness, or establishment in	Typhoid Tiever
9 B	10 NAME OF FATHER William A Dyron 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) (Signed) (Address) (Buration) (Signed) (Address) (Buration) (Signed) (Signed) (Address) (Address) (Buration) (Buratio
PARENT	12 MAIDEN NAMES OF MOTHER MANAGEM MOTHER MANAGEM OF MOTHER MANAGEM OF MOTHER MANAGEM AND MANAGEM OF MOTHER MANAGEM OF MO	*State the DIREASE CAUSING DEATH, OF, in deaths from VILLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF RECENT RESIDENTS)
14 T	13 BIRTHPLACE OF MOTHER (State or country) Mary Lund HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William May System (Informant) William May System (Informant) William May System (Informant) Milliam Milliam May System (Informant) Milliam	At place in the of death yrs. mos. ds. Stata, yrs. mos. d Where was disease contracted, if not at place of death?
15	(Address) Celli Coff City	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Tomily Burying Lot a Supt 14, 1915
FII	REGISTRAR	S. Thellougen Thou aller Heity
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balts., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired write Nonc. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screat, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collan precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Ciril engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DOT 4 1915

S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT d PLAINLY, WITH UNFADING INK-THIS WRITE

PLACE OF DEATH \$ 15698	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
Village or City Gary (No	St.; Ward) St.; Ward) St.; Ward) Foctus Registration Dist. No. 193 [If deeth occurred I a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Put (Rome. While Single, Married, Widowed, Owniel (Write the word)	18 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
8 DATE OF BIRTH Supp. 3, 19/6 (Month) (Day) (Tear)	that I last saw n alive on 191
TAGE It LESS than 1 day,hrs. ORmin.? SOCCUPATION (a) Trade, protession, or particular kind of work (b) General neture of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 4 A m The CAUSE OF DEATH* was as follows: Primature with was worn dead, Three months fortus (Duration) yrs
9 BIRTHPLACE (State or country) maryland.	(Secondary) Contributory Lyphwise fuer of (Mother (Secondary)) (Doration) yrs mos os
FATHER Chas. Wm Grimes 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Maryland	(Signed)
(Interment) Chan Wm Grames	Where was disease confracted, If not at place of death? Former or usual residence
(Address) Jarry M.d.	Home burying ground Sept. 3. 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

and,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscis of lungs, meninges, peritonaeum, etc.. Carcinoscip

mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant ncoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Never report Examples:



PHYSICIANS should of OCCUPATION

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Instructions

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Every Item CAUSE OF Important.

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certificate.

V. S. No. 1.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 16 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, Jua (Write the word) HEREBY CERTIFY, That Jettended decessed from 6 DATE OF BIRTH (Month) (Day 7 AGE If LESS than f dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) SBIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ..., 191.5.. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deatha from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ___ (State or country) State _____ yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (Intormant). usual residence DATE OF BURIAL 15 If more hlanks are needed, address State Registrar, 6 E. Hanklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory Mcasles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING -THIS IS FOR RESERVED WRITE PLAINLY, WITH UNFADING MARGIN

V. S. No. 1.

1 PLACE OF DEATH

County Howard	CERTIFICATE OF DEATH
Village or City Collier (No. ,	Registration Dist. No. 9 St.; Ward) [If death occurred in a hospital or institution.
2 FULL NAME Harold Alexander	he helden give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIEO, Surge or DIVORCED OR DIVORCED (Write the word)	16 OATE OF OEATH (Control of the control of the con
6 DATE OF BIRTH May (Month) (Day) (Year)	that I last saw hative on
TAGE If LESS than 1 day, hrs. OR min.? OCCUPATION (a) Trade profession, or	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos. da
(State or country) Maryland 10 NAME OF FATHER Aleyandra heldson 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAMEO 1.	(Signed)
of Mother Viola Jaurence 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Illianica Relations	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Address) Ellicott leig Filed 9 - 1, 1915 Assistant	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept 11, 1915 20 UNDERTAKER Daston Sons Collect let
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Growry: (a) Foreman, mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cien, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (0) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pre-umonia"); Lobor pre-umonia, Bronchopne-umonia ("Pne-umonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUTERFERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), chopneumonia (secondary), 10 ds. "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull, Always qualify all diseases resulting from child-The contributory (secondary or intercurcarbolic Never report mere acid-probably



N. B.

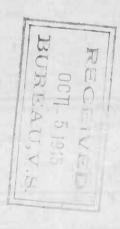
PLACE OF DEATH	STATE OF MARYLAND
7/22/21 15707	CERTIFICATE OF DEATH
County Town	40)
	Registration Dist. No
Village or City Claules (No.	St.: Ward) It death occurred in
Mass of oil,	a hospital or institution, give its NAME instead
William d	of street and number.
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH SUS 30 1616
Male While (Write the word)	(Month) (Day (Year)
(Write the word)	17 / I HEREBY CERTIFY, That, I attended deceased from
6 DATE OF BIRTH NOV 29 1834	11 1915, to feet 307, 1915,
# c	that I last saw h MM alive on Sup 307 1915
(Month) (Day ' (Year) 7 AGE If LESS than	i i p
1 day,hrs.	and that death occurred on the date stated above, at
O V yrs O mos OR min.?	An I DilaTa Tion of the
8 OCCUPATION	Steast -
(a) Trade, profession, or families fund of work.	
(b) General nature of industry,	/
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Man Sufficionely Secondary
(state or country) Maryland	(Duration) 3 yrs mos ds.
10 NAME OF MALL POLITICAL	WINTING 110
11.10, yearen	(Signed) M. D.
O 11 BIRTHPLACE OF FATHER	LUCT, 1913 (Address) Stylland My
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accura-
MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a suran engener	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Adduting variety	Former or usual residence
(dame) Charlesigle- mil	19 PLACE OF BUHIAL OR REMOVAL DATE OF BURIAL
(Address)	Linthiceun Chapel Oct 300 1915
Walin 1 - Val nill	20 UNDERTAKER CLIMITY ADDRESS
Filed W. 1910 REGISTRAR	Million Standard DAM.
	rar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctess of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Seuile," etc.), (Recommendations ou statement of "Dropsy," The nature of the "Exhaustion," Never report



PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH

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RECORD

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. properly classified. should AGE Important. CAUSE

PLACE OF DEATH

5702

(5)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

2FULL NAME.

Rickett

		L NAME						
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH					
m.	Kunn	Color OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WO	ingle (ord)	16 DATE OF DEATH	Month) BY CERTIFY, That	(Day	(Year)
8 DA	TE OF BIRT	Lep	28	, 19/5°	that I last saw h	, 191, to		, 191,
7 AC	Still	(Month)		It LESS than 1 day,hrs.	and that death occurre	d on the date state	d above, at	
(a) par (b) bus	General nature Iness, or estab	orkot Industry,	lm		Abortin of	prequan	cy	
9 BI	10 NAME O FATHER	Clauxs	icket	end	(Signed) *State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or HG	(Address) A	el Mendi	, M. D.
PARE	13 BIRTHPE OF MOT (State	THER Ada	Zepp		18 LENGTH OF RESIDENT At place of death yrs	ENCE (FOR HOSPITAL s) In the nosds. State		RANSIENTS
		S TRUE TO THE BES		LEDGE	Where was disease contracted if not at place of death? Former or usual residence			
15	(Address).		0 0	- 1 1	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BU	
FI	ed USA	1915-	a la	MEGISTRAR	20 UNDERTAKER		ADDRESS	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopucumonia (secondary), 10 ds. affection used not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



PHYSICIANS t statement of hould be stated EXACTLY, be properly classified. Exact FORBINDING CAUSE OF DEATH in plain terms, so that -Every item of information should should state CAUSE OF DEATH is OCCUPATION is very important.

Z B

1 PLACE OF DEATH

County Haward	CERTIFICATE OF DEATH
Village or City Lellicoll (No,	Registration Dist. No
2 FULL NAME Paulsin	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, windowed or Divorced (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day), 19,5	that I last saw her alive on the transfer of t
7 AGE If LESS that 1 day, hrs. wos. or mln. 1	S. The CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry	Maraemod
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Richard Canada	Contributory Secondary
O NAME OF John To Porter	(Signed) / 10. Jacobie M. M. Self 3 1915 (Address) Ellerth at In
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (1) 12 MAIDEN NAME (1)	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental,
OF MOTHER Ida J. frontektre 13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At pisce to the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Ja Parter	Whers was dissess contracted, If not at place of death? Former or ususi residence
(Address) Collierth Certy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Corles Kumly Councles Seft 3, 1915
Filed J	20 UNDERTAKER Sour Collect Cat

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mill; (a) Salesman, (b) Grosery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever Stationary fireman, etc. But in many cases, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubercubsis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee mus, under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, of HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Pubriperal separation," etc. State cause for which state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Old Age," "Shoek," "Ura mia," "Weakness, The nature of the injury, as fracture of skull, (secondary), 10 ds. Never The contributory (secondary or intercur-"Dropsy," "Exhaustion, report mere



CCUPATION RECORD PERMANENT supplied. certificate. back plain instructions DEATH of Item OF Every Item CAUSE OF Important.

B

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 17 Howard. Registration Dist. No. Village or City Mean Rover fit death occurred in St :----Ward) a hospital or Institution, give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I alt 8 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at... 1 dayhrs. OR ? BOCCUPATION (a) Trade, protession, or nou particular kind of work. (b) General nature of industry. we weeks business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) (Operation)yrs..... 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) naryland. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death _____ yrs. ____ ds. State yrs. ____ mos. Where was disease contracted. If oot at place of death? Farmer or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS RECISTRAR executes, ma if more blanks are needed, address State Registrar, C E. Franklin St., Baito., Requesting V. S. Nov 1.



[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Greery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accichildbirth or miscarriage, as "Purperal septichae--figart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion;" Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

Coun	nty Howard	CERTIFICATE OF DEATH Registration Dist. No.
Villag	ge or City Collice of (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Sufar. 24, 19 Month) (Day) (Year) 17 A HEREBY CERTIFY. That I attended deceased from
	Jan 26 (Month) (Day) (Year)	Sept 35, 1915 to Sept 36 191 J
7 AG	69 yrsds, 1 day, hrs.	and that death occurred on the date stated above, at
par (b) bus whi	CCUPATION a) Trade, profession, or ricular kind of work b) General nature of Industry siness, or establishment in hich employed (or employer) IRTHPLACE (State or country) Maryland	Contributory Chronic alcoholos (Duralion) yrs mos / Contributory Chronic alcoholos (Quralion) 2 yrs mos
PARENTS	10 NAME OF FATHER Samuel Preses 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed)
14 TH	OF MOTHER Janua Ravelan 13 BIRTHPLACE OF MOTHER (State or country Maryland HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Janua Preseo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
15	(Address) Ellicott City	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rational Cemety Louds Sift 28, 1919
Pile	ed 9 191 0 191 0	Casta Sons Ellies late

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Collon C yrs.). state occupation at beginning of illness. of the second statement. mill; (a) Salesmon, (b) Grocery: (a) Foremon, business, that fact may be indicated thus: Farmer (retired precise specification as Day latherer, Farm laborer, Laborer mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the Compositor, Architect, Locomotive engineer, various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "PUERPERAL seplichumia," "PUERPERAL peritonilis," etc. State cause for which head homicide; Poisoned etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," surgical operation was undertaken. For violent deaths "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrules, ctc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbotic acid-probably



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PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT stated EXACTLY. UNFADING INK-THIS AGE PLAINLY, WITH In plain Important. CAUSE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

.st.;.....Ward) a hospital or institution, give its NAME Instead of street and number.]

	FULL NAME	ue	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
M	Annum White Single, widowed, wild word, with the word,	16 DATE OF DEATH (Month)	23 , 1915 (Year)
6 D	ATE OF BIRTH (Month) (Day (Year) GE If LESS than	that I last saw h alive on	, 191
(a	Stillborn 1 day,hrs. yrs	The CAUSE OF DEATH* was as follows: Abouting churing month of programs	second
bus	Seneral nature of industry, siness, or establishment in sich employed (or employer) IRTHPLACE (State or country) IRTHPLACE (State or country)	Contributory Secondary	
ARENTS	10 NAME OF FATHER Groves 6. Peck 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 20	(Signed) W. W. A. C. S. C. (Address) State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	ghland, M. D
Δ.	OF MOTHER Juquia Gindell 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs mos ds. State Where was diseasa contracted, If not at placa of death?	yrs, ds
15 Fi	(Address) (Address) Nied LAV 1915 A D. Nicholo Begistran	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be judi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, learn for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Can-"Contributory." injnry, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify an The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

	ge or City Ellies W	157((No	lehild	CERTIFICA	ation Dist. No. 19/
	PERSONAL AND STATIS	STICAL PARTICU	LARS	MEDICAL CERTIFI	
3 SE	hale levlored	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	lingle	16 DATE OF DEATH	Month) (Day) (Yes
6 DA	TE OF BIRTH Sy	St. 14	14/5	Sept 14k , 1915, to	at I attended deceased fr
/ (a		mosds.	(Year) If LESS than Oday hrs. OR min.?	and that death occurred on the The CAUSE OF DEATH * was a	
bus whi	General nature of industry siness, or establishment in ich employed (or employer)	and		Contributory Secondary Selucture Birth	
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	ylana		*State the DISEASE CAUSING DE CAUSES, state (1) MEANS OF INJUR SUICIDAL OF HOMICIDAL.	EATH, or, in deaths from VIOLEST ; and (2) whether ACCIDENTAL
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BE	betto for several le st of MY KNOWLE seen	mes Ind	18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS) Al place of deathyrsmosds. Where was disease contracted, if not et place of death?	PITALS, INSTITUTIONS, TRANSII In the State,yrsmoe.
	(Address) Ellier	& liely		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15		(//)			

[Approved by U. S. Census and American Public Health

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day labarer, Furm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crosery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, prespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question If retired from "Laborer," (b) Auto-

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on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perdonilis," etc. State cause for which birth or miscarriage as "Puerperal septichacmia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek." "Uracmia," "Weakness," genital," "Senile," etc.), "Annemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Heemorrhage," "Inanition," "Maraschopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping The nature of the injury, as fracture of skull, "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED 0CT 4 1915 BUREAU, V.S. BINDING

MARGIN

	age or City Elle will Cely (No. ,)	(If death occur a hospital or instigute its NAME of street and nu
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH SENT, 4 (Month) (Day)
6 D/	ATE OF BIRTH	apr. 2 1910 to Seft 4
	May 25 , 1863 (Year)	that I last saw h &2 alive on Seft 4
7 AC	If LESS than	and that death occurred on the date stated above, at f.
	5 Z yrs. 3 mos. 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
150	CCUPATION a) Trade, profession, or Tribular kind of work	cuebral Hewentay
1	orticular kind of work	
pu	usiness, or establishment in hich employer)	
-	IRTHPLACE	Contributory Hunting deni Chesed
	bug land.	(Ouration) /5 yrs
	10 NAME OF FATHER	(Signed) to It. White
	FATHER Lewis Way	
TS	11 BIRTHPLACE	Seft 5 , 191 5 (Address) Ellicatt City.
Z	11 BIRTHPLACE OF FATHER (State or country) Sug laud	*State the DISEASE CAUSING DEATH, or, in deaths from Viol. CAUSES, state (1) Means of Injury; and (2) whether Accident
PARENTS	11 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinements of Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
Z	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the DIREASE CAUSING DEATH, or, in deaths from VIOL. CAUSES, State (1) MEANS OF INJURY; and (2) whether Accident Suitcidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place In the
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Eugland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place In this of death
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place In the of death
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Eugland	State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinese SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place in the Of death yrs. mos. ds. Stats, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence.
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. Stats, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence.
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mes Edith Thompson.	State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinese SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place in the Of death yrs. mos. ds. Stats, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence.

STATE OF MARYLAND

15708

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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RECEIVED

OCT 41915

BURBAU,V.S.

N. B.-

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1 PLACE OF DEATH

Cou		CERTIFICATE OF DEATH Registration Dist. No.
Villa	age or City Clarksville (No	St.; Ward) Lin Warfield [if death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	Male White Single, wisower on Divorce Single	Month) (Day) (Year)
6 DA	May (Day) , 1832	that I last saw have alive on left 14, 1915, and that death occurred on the date stated above, at 130 m
	78 yrs. # # # # # # # # # # # # # # # # # # #	The CAUSE OF DEATH * was as follows:
pa (1 bu	a) Trade, profession, or Harmen a) Trade, profession, or Harmen b) General nature of industry (siness, or establishment in hich employed (or employer)	Centributory actival Scherosis
_	10 NAME OF HENRY Warfield 11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed) (Ourelion) yrs. mos. ds. (Signed) , 1815 (Address) J.
PARENTS	13 BIRTHPLACE OF MOTHER MANY land	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. Where was disease contracted,
14 T	(Informant) Achel a Was field	if not at place of death?
15	(Address) Clarksville Jeph 14, 1915 - S. a. Richelo REGISTRAN	Home Burying ground Lepti/Q, 101.5. 20 UNDERTAKER LOUIS ADDRESS Stillsinger Lou Olli Cott City
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Aecidental drowning: SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible "PUERPERAL peritonitis," etc. on Nomenclature of the American Medical Association.) suicide. Struck by railway train-occident; Revolver wound state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or misearriage as etc., when a definite disease can be ascertained as the "Heart failure," "H:emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvulur heart discose; Chronic interstitial ges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of..... lapse," "Coma," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Convulsions," "PUERPERAL septichuemia," "Dropsy," State cause for which "Debility" "Exhaustion," ("Con-



N.B.

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1 PLACE OF DEATH

PLACE OF DEATH	15710	STATE OF M	ARYLAND
County Howard	. (2	CERTIFICATE	OF DEATH
200 %	(2	Registration	Dist. No
Village or City Willes France	ey Willy	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE	OF DEATH
Ti Da W	INGLE, ARRIED, Wholow IDOWED Whole Write the word)	16 DATE OF DEATH SUMMER (Month	30, 191 n) (Day) (Year)
6 DATE OF BIRTH (Month)	Knew 1863	that I last saw h M alive on S	apt 30 ,191.
JA yrs. mos.	if LESS than 1 day,hrs.	and that death occurred on the date The CAUSE OF DEATH * was as follows:	stated above, at 2 P
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry	tie Suties	Interculor	-/-
business, or establishment in which employed (or employer)		Contributory	yremos.
9 BIRTHPLACE (State or country) Forth lea	erolina	Secondary	yrsmos
11 BIRTHPLACE OF FATHER (State or country)	Carolina.	(Signed) *State the Disease Causing Death, Causes, state (1) Means of Injury; an Suicidal or Homicidal.	or, in deaths from VIOLENT d (2) whether ACCIDENTAL,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 19 TRUE TO THE BEST OF	learolina MY KNOWLEDGE	Where was disease contracted,	he ate,yrs,mos,
(Informant) margaret (12	odgen	If not all place of death? Former or usual residence	
(Address) 1833 Rice	St Ball Ind	nound Sulle	acts 3 1916
Filed Oct V, 1915 C/S	MALLASSIAN REGISTRAR	20 UNDERTAKER Sons	Elliert leite
If more blanks are no		16 W. Saratoga St., Balto., Requesting V. S. No	. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more only when needed. As examples: (a) Spinner, (b) Collon mobile factory. mill; (a) Salesman, (b) Growry; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee "PUERPERAL perilonitis," etc. State cause for which under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths саизе. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... "Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere "Exhaustion,"

